

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/506634 FILING DATE 2-7-00  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	9					
TOTAL DEP.	13	↓	↓	↓	↓	↓
TOTAL CLAIMS	22	████████	████████	████████	████████	████████

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS